

# NCBD NEWS

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## NCBD 2002 Update

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### ***Data Submission Deadlines Are Here***

Sponsors please note that data submission deadlines have been moved up for 2002 in order to distribute Sponsor Reports earlier. The data submission and reporting schedule for 2002 is as follows:

#### **Data Submission Deadlines:**

- Commercial sponsors: **July 1, 2002**
- Medicaid sponsors: **August 1, 2002**

#### **Report Distribution Target Dates:**

- Commercial sponsors: **September 15, 2002**
- Medicaid sponsors: **October 15, 2002**

Data submission specifications were revised for 2002 and are available on the NCBD Web site (<http://ncbd.cahps.org>). In addition, Sponsors have the option of downloading an Excel file from the web site, completing it and e-mailing it back to NCBD, thereby eliminating hard copies of the data submission documents. NCBD staff are available at 301/294-4442 to answer questions regarding data submission. Please remember that our ability to meet the Sponsor Report distribution dates depends on timely submission of data.

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## **Eighth National CAHPS User Group Meeting**

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The 8<sup>th</sup> National CAHPS User Group Meeting was held in Nashville in early June. Plenary sessions included an introduction to the next generation of CAHPS and updates from the Centers for Medicare and Medicaid Services. Breakout sessions were held on medical group CAHPS, the CAHPS child survey with chronic conditions supplement, experiences from the field, using CAHPS for contracting and value purchasing, the ECHO™ survey, using CAHPS

with non-English speakers and other topics. Detailed information about the meeting, including the agenda and copies of presentation materials, are available on the SUN Web site ([www.cahps-sun.org](http://www.cahps-sun.org)). Thanks to all who participated for making the meeting a big success!

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## **NCBD Chartbook Replaces 2001 Annual Report**

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In response to feedback from Sponsors, NCBD staff have created a new publication: the *NCBD Chartbook*. The purpose of the Chartbook is to provide comparative data to Sponsors in a rapid timeframe. The Chartbook contains aggregate results for the database including summary-level distributions for the following populations:

- Adult Commercial
- Child Commercial
- Adult Medicaid
- Child Medicaid
- Medicare Managed Care

The 2001 Chartbook is now available through the NCBD Web site (<http://ncbd.cahps.org>). NCBD plans to electronically distribute the 2002 Chartbook to Sponsors in early September.

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## **CAHPS II: The Next Generation**

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At the recent User Group meeting, Christine Crofton from ARHQ introduced the second phase of the CAHPS consortium which will last through 2007. The goal of the first phase was to develop a set of surveys of the consumer perspective of health care. To accomplish this, three research teams developed survey instruments and reports of results for consumers, evaluated the reports and

made the products available to the public through the Survey Users Network (SUN). CAHPS I

# NCBD NEWS

resulted in the several instruments and reports including:

- Adult core questionnaire
- Child core questionnaire
- *Compare Your Health Plan Choices* print guide
- *Decision Helper* computer guide.

The second phase of CAHPS will continue to expand the survey instruments and reports as well as develop quality improvement tools using the survey instruments. Research teams from the American Institutes for Research, Harvard Medical School and RAND will work to develop instruments and reports for the following areas of health care:

- Group practice/individual provider level CAHPS
- Behavioral health care CAHPS (ECHO)
- Nursing home
- Persons with mobility impairments

For reports, CAHPS II will focus on a more systematic approach to develop templates for the surveys listed above and to expand existing templates to languages other than English. Westat will continue to manage the Survey Users Network (SUN) throughout the second phase of CAHPS.

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## Sponsor Spotlight: Using CAHPS for Quality Improvement

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In this issue, we feature highlights from a User Group session on using CAHPS for quality improvement. Readers should note that CAHPS and quality improvement at the plan and provider level is a major focus of research for the second phase of CAHPS. Kathy Coltin from Harvard Pilgrim Health Care (HPHC) and Clifford Rowley from HealthPlus of Michigan

presented their organizations' initial uses of CAHPS for quality improvement.

Kathy Coltin presented how HPHC is using CAHPS to encourage medical group improvement. Initially, HPHC divided their CAHPS results into performance domains including access, interpersonal care, administrative services and ratings of care. Then they determined who was "accountable" for performance in each domain – the health plan, the provider network or both. HPHC assessed performance against national benchmarks and discovered that HPHC scores lagged considerably behind, their scores were trending down while national scores are trending up and they lag behind competitors in their market.

In response, HPHC developed an improvement plan with immediate, short term and long term activities. For the short term, HPHC 1) augmented 2002 CAHPS samples for the medical group and other selected groups, 2) designed an incentive bonus plan for the medical group tied to improving CAHPS scores and 3) provided consultation on correlates of performance and strategies for improvement. To design their incentive bonus plan, HPHC analyzed the top drivers of CAHPS global ratings and selected the key composites. Performance targets were set at the 2001 New England Regional 90<sup>th</sup> percentile based on NCQA's Quality Compass. HPHC's implementation of this plan will allow them to determine whether financial bonuses are an effective intervention for a health plan to use with a medical group.

Clifford Rowley discussed HealthPlus of Michigan's use of CAHPS for service quality improvement. For HealthPlus, CAHPS is a core part of member service assessments. They conduct an annual comprehensive assessment of

# NCBD NEWS

product-specific CAHPS results which are also merged with complaint, grievance and other topic-specific survey data. Opportunities for improvements are identified with a focus on cross-product opportunities. A member satisfaction and survey team selects sub-groups or action teams to address identified service opportunities. These action teams are responsible for monitoring and reporting progress back to the overall team.

From their 1999 commercial survey, HealthPlus learned that only 60% of members were satisfied with Getting a Personal Doctor; a result below benchmarks. In response, HealthPlus selected an action team to identify barriers and solutions which included changing directory forms and provider designation procedures, contractual review and network expansion. The team also identified an existing process measure to assess progress. Reassessment with CAHPS in 2001 indicated improvement; their score had increased to 66%.

For more information on these projects, please review the presentation materials from the User Group meeting which are posted on the SUN Web site ([www.cahps-sun.org](http://www.cahps-sun.org)).

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## 2002 ECHO Sponsor Reports

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As reported in our last issue, the Experiences of Care and Health Outcomes Survey (ECHO™) is designed to collect consumers' ratings of their behavioral health treatment. Two versions of the survey – one for managed behavioral healthcare organizations (MBHO) and one for managed care organizations (MCO) – have been developed.

NCBD is in the process of creating an ECHO Sponsor Report for interested Sponsors. All

sponsors who have implemented the ECHO survey are invited to participate by submitting

their data. Participating sponsors will receive a customized report free of charge that compares their own results to appropriate benchmarks derived from the aggregate ECHO results. Please contact us at [ncbd1@westat.com](mailto:ncbd1@westat.com) if you are interested in participating.

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## 2001 Research Data Files Available

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Reminder to researchers that data files for the 2001 commercial and Medicaid data are now available. The database contains results from 266 commercial and 142 Medicaid sampling units for the adult population. For the child population, the database includes results from 24 commercial and 124 Medicaid sampling units.

Researchers may request access to the data files by following the procedure outlined in the revised NCBD Data Release Policy ([http://ncbd.cahps.org/pdf/Data\\_Release\\_Policies.pdf](http://ncbd.cahps.org/pdf/Data_Release_Policies.pdf)).

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## NCBD Web Site

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Remember to visit the site at <http://ncbd.cahps.org> for general information and updates.